



**Children's Health Insurance Program  
of Pennsylvania**

**CHIP**

Title XXI Fiscal Year Report

1 October 1997 through 30 September 1998

Submitted by:

**Pennsylvania CHIP**

# **PENNSYLVANIA CHILDREN'S HEALTH INSURANCE PROGRAM**

## **FISCAL YEAR REPORT**

**October 1, 1997 through September 30, 1998**

### **I. INTRODUCTION**

On behalf of the Commonwealth of Pennsylvania, the Department of Insurance is submitting the 1998 Children's Health Insurance Program Title XXI Fiscal Year Report for 1998. Data in this report is being provided beginning with the time period the state plan was originally approved, June 1998 through September 30, 1998.

### **II. PROGRAM BACKGROUND**

Legislation creating the Children's Health Insurance Program (CHIP) was passed by the Pennsylvania General Assembly in December, 1992 (the Children's Health Insurance Act, 62 P.S. 5001.101). Enrollment of children began in May, 1993. It was the intent of the legislation that children in families with incomes below specified levels have access to cost-effective, health care coverage if they were otherwise unable to afford coverage or to obtain it through an employer-sponsored plan. Eligible children received either free or low-cost coverage.

CHIP was initially funded by a 2-cents per pack tax on cigarettes (later increased to 3 cents per pack). The number of participants was limited by the amount of funding available. Since the implementation of CHIP, over 180,000 children have received comprehensive coverage.

With the passage of the Federal Balanced Budget Act of 1997, the availability of substantial federal funding, and the commitment of additional state funding by the Ridge Administration, CHIP may serve thousands of additional children continuing its legacy of quality care

### **III. TYPE OF PROGRAM**

Pennsylvania's CHIP program is a state-designed, stand alone program . Phase 1 of the CHIP program was based on the then existing state-designed

program and was approved by HCFA in May of 1998. Phase II of the program, which expanded age and income eligibility, was approved by HCFA in November of 1998.

#### **IV. ADMINISTRATION**

CHIP, prior to legislative changes effectuated in June 1998, was overseen by a Management Team comprised of members of the Governor's cabinet. CHIP is now solely administered through the Insurance Department.

#### **V. APPLICATION AND PROGRAM ELIGIBILITY LEVELS**

Eligibility for CHIP is determined by each of the five participating contractors. Each contractor has unique enrollment materials and a single page application form. Applications are filed through the mail with assistance, if necessary, provided through telephonic consultation. Each contractor maintains a toll-free telephone number for this purpose.

The state CHIP statute, 62 P.S. Section 50001.101, as amended by Act 68 of 1998, provides that the free CHIP program cover children 0-18 years of age whose family income falls at or under 200% of federal poverty income guidelines ("FPIG"). Pennsylvania also operates a subsidized program for children in families with incomes between 200% and 235% of FPIG. The subsidized program also covers children 0-18 years of age. CHIP pays 50% of the premium and the family is responsible for paying the remaining 50%.

#### **VI. BENEFITS**

Pennsylvania was one of three states whose comprehensive benefit package was cited by the Title XXI legislation as providing sufficient coverage to meet the requirements for a state CHIP. The benefit package is the existing CHIP benefit package that includes the following comprehensive services:

- Well child care visits in accordance with the schedule established by the American Academy of Pediatrics and the services related to those visits, including, but not limited to, immunizations, health education, tuberculosis testing and developmental screening in accordance with a routine schedule of well-child visits. Care also includes a comprehensive physical examination, including X-rays, if necessary, for any child exhibiting symptoms of possible child abuse;

- Diagnosis and treatment of illness or injury, including medically necessary services related to the diagnosis and treatment of sickness and injury and other conditions provided on an ambulatory basis, such as laboratory tests, wound dressing and casting to immobilize fractures;
- Injections and medications provided at the time of the office visit or therapy; and outpatient surgery performed in the office, a hospital or freestanding ambulatory service center, including anesthesia provided in conjunction with such service or during emergency medical service.
- Emergency accident and emergency medical care.
- Prescription drugs.
- Emergency, preventive and routine dental care. Orthodontia or cosmetic surgery is not included.
- Emergency, preventive and routine vision care, including the cost of corrective lenses and frames, not to exceed two prescriptions per year.
- Emergency, preventive and routine hearing care.
- Inpatient hospitalization up to 90 days per year.
- Mental health benefits consisting of 50 outpatient visits per year and inpatient hospitalization subject to the 90-day hospitalization limit.

## **VII. HEALTH CARE DELIVERY SYSTEM**

CHIP is currently available in all 67 counties of Pennsylvania and is administered by five healthcare plans; Aetna U.S. Healthcare, Independence Blue Cross and PA Blue Shield Caring Foundation for Children, the Caring Foundation of Central Pa, the Caring Foundation of Northeastern PA, and Western PA Caring Foundation, Inc. (See [ATTACHMENT A](#) for specific counties covered by each plan). The five healthcare plans currently administering CHIP have been participants in the program since its inception.

CHIP enrollees are currently served through managed care plans, except in five counties located in the western part of the state because of the lack of sufficient provider networks in those areas. CHIP enrollees utilize the same provider network as those utilized by their commercial counterparts.

## **VIII. SOURCE OF STATE MATCH**

The match for the period of this report is from a three-cent tax on cigarettes (\$31 million) and from state general fund monies (\$15 million).

## **XIV. COST SHARING**

There are no cost-sharing features in the program.

## **X. BASELINE ESTIMATES OF THE NUMBER OF UNINSURED**

Estimates of the number of uninsured children in Pennsylvania were derived from calculations made by using an average of the March 1995-97 Current Population Surveys (“CPS”). CHIP eligibles were defined as those children in families not eligible for MA and under the CHIP gross income levels. Those estimates indicated that Pennsylvania had an uninsured population of approximately 300,000 children, a third of which were considered to be eligible for CHIP.

Pennsylvania’s original estimates were also based on a three-year average of the CPS, but Pennsylvania used 1994-96 CPS census data. That estimate indicated that approximately 247,846 children were uninsured, of which approximately 100,000 children were considered to be eligible for CHIP. Recently, Pennsylvania has re-calculated the number of uninsured children

using 1995-97 CPS census data. Those re-calculations indicate that Pennsylvania has approximately 193,674 uninsured children with approximately 91,351 eligible for CHIP (See [ATTACHMENT B](#)). That number, reduced by 19,839 children (enrollment increase since 1997), leaves a total of approximately 71,512 uninsured children eligible for CHIP (57,317 free; 14,195 subsidized).

## **XI. REDUCTION IN TARGETED NUMBER OF UNINSURED**

At the time Pennsylvania's state plan was approved, it was estimated that Pennsylvania would have an enrollment of approximately 63,000 children by the end of its fiscal year, June 1999. Pennsylvania, as of the time period of this annual report (June 1998 – October 1998), has enrolled 9,301 additional children bringing our total number of enrollments up from 57,277 to 65,578. Pennsylvania is currently increasing enrollment by an average of 2.8% per month. Enrollments as of March 1999 are at 73,158 (see [ATTACHMENT C](#)). At our current average growth rate, we could potentially enroll approximately 80,000 children by the end of the state's fiscal year, and 90,500 by October, 1999.

## **XII. CROWD OUT**

As required by both federal and state law, children must be uninsured and ineligible for Medical Assistance ("MA") to be eligible for CHIP. This information is derived by various means, including the ability of contractors to verify whether the family has private or employer-based coverage through company subscription records. It is estimated that approximately 800 children had private coverage at the time of application to CHIP during the time period June 1, 1998 through September 30, 1998. For the time period October 1, 1998 through December 1998, it is estimated that approximately 700 children had private coverage at the time of application.

Pennsylvania will soon utilize an official common CHIP/MA application form which will ask questions regarding previous and current insurance coverage.

In addition to addressing private health coverage crowd-out, Pennsylvania has also instituted a cross-match system with the MA program to determine whether new applicants are already receiving MA prior to enrollment in

CHIP. This process is performed monthly and currently is only being applied to new applicants as opposed to re-enrollees.

The cross-match process has worked exceptionally well, averaging only a 3% “hit” rate. Contractors are required to provide the Insurance Department with a “Disposition Report” once matches are discovered. A substantial number of matches turn out to be the result of “administrative lag time” between when MA notifies the family that they are no longer eligible and when the child’s name is actually removed from MA’s system. Families are enrolled in CHIP once they respond to the contractor’s notice and provide the necessary 162 denial form from MA.

### **XIII. OUTREACH EFFORTS**

The Insurance Department has been engaged in multiple outreach efforts to enroll children in CHIP, including a highly successful statewide media campaign (TV and radio ads, movie screen ads, posters and brochures --see latest CHIP brochure—[ATTACHMENT D](#)).

Families respond to the ads by calling a toll-free number, 1-800-986 KIDS. The number provides them with specific information regarding CHIP, screens them for potential eligibility for CHIP and/or MA and supplies them with appropriate applications. Experienced Helpline staff guide families through the necessary process to apply for healthcare benefits for their children (see Helpline statistics on call rates during media campaign, October 1998 through January 1999, [ATTACHMENT E](#)).

Other outreach efforts are occurring in conjunction with strong government, inter-departmental relationships, as well as local community groups. For example, the MA program and CHIP have temporarily agreed to an “Any Form is a Good Form” policy which means that information submitted on a CHIP application can be used to apply for MA and vice versa. This procedure will be utilized pending finalization of a common application form (see [ATTACHMENT F](#)).

#### **XIV. EVALUATION AND PERFORMANCE MEASURES**

As noted in Section XV below, the Insurance Department currently lacks the proper data systems to evaluate the program internally. We have now contracted with a vendor to design a comprehensive computer system for the program. All CHIP contractors will be required to electronically link to the central data system. We anticipate completion of our new computer system within the next year. CHIP will collect data on quality and appropriateness of care in accordance with criteria established by the Centers for Disease Control and Prevention, the American Academy of Pediatrics and HEDIS. In addition, we will be in a better position to ascertain enrollment patterns, market strengths and weaknesses, enrollee demographics and satisfaction with the program in order to be properly informed about the overall performance of the program.

#### **XV. STATISTICAL REPORTING BY AGE, SERVICE DELIVERY AND COUNTABLE INCOME LEVELS**

See ATTACHMENT G. Note: Forms 21E, as provided by HCFA, were broken out into individual pages for the various age cohorts. For convenience, Pennsylvania has combined the various age cohorts on one form, for each quarter. The Medicaid statistical report, Form 64E, is still being compiled by our MA program. CHIP will submit that information to HCFA once we have received it.

#### **XVI. QUARTERLY EXPENDITURE AND FINANCIAL DATA**

See ATTACHMENT H.

#### **XVII. BARRIERS TO EFFECTIVE IMPLEMENTATION OF STATE PLAN**

##### **A. Computer Data Systems**

There is currently no central electronic data processing system for CHIP. Contractors maintain individual data systems for the purpose of enrollment, billing and service delivery. The only standards for data collection have been quarterly and annual reports regarding enrollment by various configurations (county-by-county, age, sex and ethnic categories), service

patterns and grievance reports, with no real way to verify such data. All billing is submitted via monthly paper reports.

Pennsylvania CHIP found the on-line submission process difficult. The person entering the data cannot easily see or print the information being entered. It is also difficult to verify the entered information. In submitting the 4<sup>th</sup> quarterly HCFA 21E statistical reports, the Insurance Department has concerns that the information collected is not representative of our efforts here in Pennsylvania. Our program expanded from a simplistic one to a much more ambitious undertaking. In the process of this “spurt growth” we are trying to expeditiously but prudently build adequate data systems. This means the data that you have received for this submission (and we anticipate you will continue to receive until the spring of next year) were compiled from information received from five separate vendor sources. We have neither a binding contractual agreement nor the staff to individually audit these private companies’ data collection and reporting practices. We recognize that this is a less than optimal situation and have taken the following steps to improve the process and the veracity of the data that we send to you:

1. We have contracted with Design Data Corporation, as of March 5, 1999, to design a CHIP-specific data system and to proscribe the method of contractor data collection to permit periodic, program supervised auditing of client records and billing practices.
2. We have engaged in a process that will explore, document and decide the method by which eligibility will be determined (possible carve out of the eligibility and enrollment process); enrollment data will be stored and what claims information will be reported.
3. After the above process is completed, we will house and have the ability to analyze information on all Pennsylvania CHIP clients in a controlled data environment.

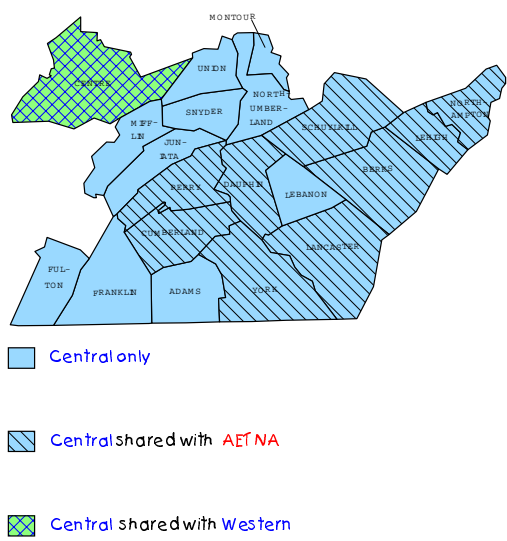
## **B. Turnover in Enrollments.**

While Pennsylvania has done well in reducing the number of uninsured children in the state, it has been noted that a considerable number of families do not reapply on their anniversary dates. This turnover in enrollments erodes and distorts the penetration rate of the program. In an effort to

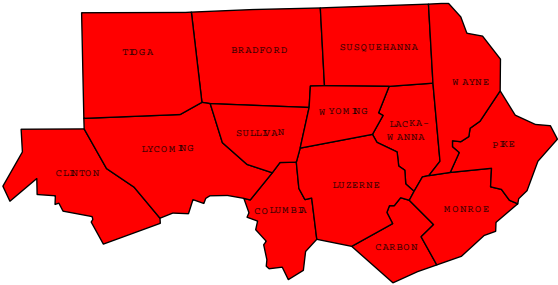
determine the reason for this lack of response, the Insurance Department has commissioned our advertising agency to conduct focus groups. We are hopeful that the results of the focus groups will help us address this issue.

## **ATTACHMENT A**

Caring Foundation of Central Pennsylvania

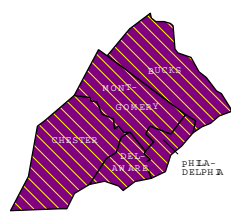



Caring Foundation of Northeast Pennsylvania



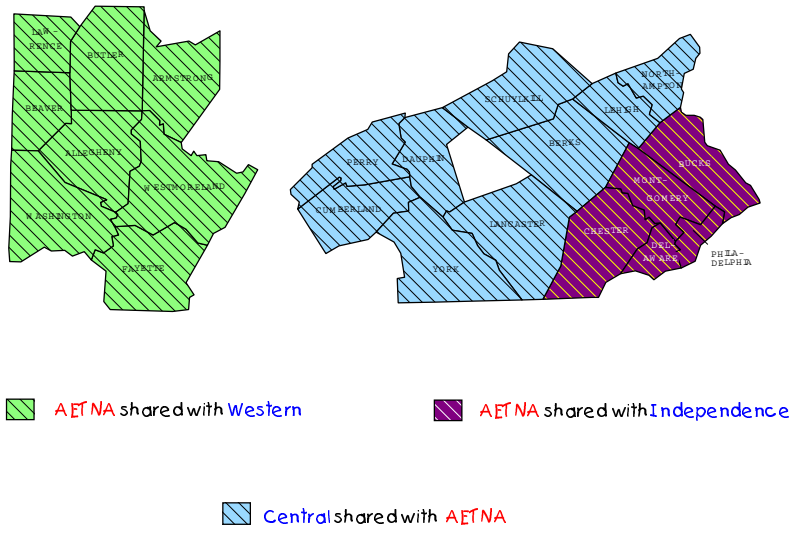
 Northeast

Independence Blue Cross/PA Blue Shield

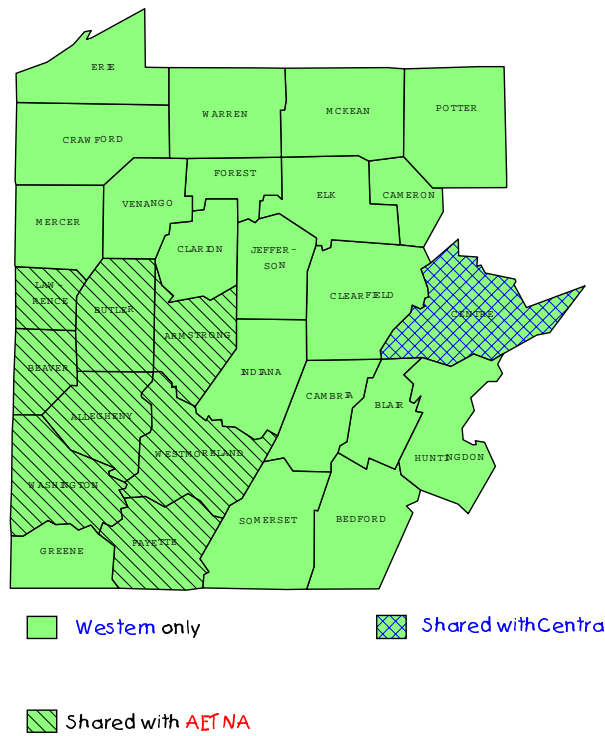


 Independence shared with AETNA

US Healthcare



Western PA Caring Foundation



## **ATTACHMENT B**

**CHILDREN'S HEALTH INSURANCE PROGRAM**  
**1995-97 UNINSURED CHILDREN (3 YEAR AVERAGE)**

|                                       | NUMBER OF UNINSURED CHILDREN<br>AT CURRENT GROSS LIMITS |            |         |  |
|---------------------------------------|---|------------|---------|--|
|                                       | FREE  | SUBSIDIZED | TOTAL   |  |
|                                       | MA>200%   | 200%-235%  |         |  |
| <b>Gross Limits</b>                   |   |            |         |  |
| <b>AGE</b>                            |   |            |         |  |
| <b>Under 1</b>                        | 0   | 1,740      | 1,740   |  |
| <b>1 thru 5</b>                       | 5,541   | 4,376      | 9,917   |  |
| <b>6 thru 15</b>                      | 50,322  | 8,958      | 59,280  |  |
| <b>16 thru 18</b>                     | 18,996  | 1,418      | 20,414  |  |
| <b>TOTAL UNINSURED</b>                | 74,859  | 16,492     | 91,351  | <i>Assumed uninsured during 1997</i>           |
| <b>Enrollment increase since 1997</b> | 17,542  | 2,297      | 19,839  | <i>Used 7/97 (as mid-point) thru 2/99</i>      |
| <b>Net Uninsured</b>                  | 57,317  | 14,195     | 71,512  |  |
| <b>Enrollment Target</b>              | 124,080   | 18,901     | 142,981 | <i>February enrollment plus net uninsured</i>  |
| <b>Governor's 99-00 Budget</b>        | 125,551   | 8,536      | 134,088 | <i>From Insurance Department earlier model</i> |

## **ATTACHMENT C**

## CHIP Enrollment Growth

|                          | Central          |                          | Northeast        |                          | Independence     |                          | Western          |                          | US Healthcare    |                          | CHIP             |                          |
|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|
|                          | Total Enrollment | % Change From Last Month | Total Enrollment | % Change From Last Month | Total Enrollment | % Change From Last Month | Total Enrollment | % Change From Last Month | Total Enrollment | % Change From Last Month | Total Enrollment | % Change From Last Month |
| <b>FY96-97</b>           | 7,237            |                          | 3,805            |                          | 11,529           |                          | 20,880           |                          | 7,217            |                          | 50,668           |                          |
| <b>FY97-98</b>           |                  |                          |                  |                          |                  |                          |                  |                          |                  |                          |                  |                          |
| JULY                     | 7,246            | 0.12%                    | 3,805            | 0.00%                    | 11,529           | 0.00%                    | 21,801           | 4.41%                    | 7,249            | 0.44%                    | 51,630           | 1.90%                    |
| AUGUST                   | 7,404            | 2.18%                    | 3,857            | 1.37%                    | 12,292           | 6.62%                    | 21,801           | 0.00%                    | 7,500            | 3.46%                    | 52,854           | 2.37%                    |
| SEPTEMBER                | 7,296            | -1.46%                   | 3,915            | 1.50%                    | 12,288           | -0.03%                   | 21,801           | 0.00%                    | 7,696            | 2.61%                    | 52,996           | 0.27%                    |
| OCTOBER                  | 7,344            | 0.66%                    | 3,998            | 2.12%                    | 12,291           | 0.02%                    | 21,801           | 0.00%                    | 7,881            | 2.40%                    | 53,315           | 0.60%                    |
| NOVEMBER                 | 7,519            | 2.38%                    | 4,038            | 1.00%                    | 12,414           | 1.00%                    | 22,461           | 3.03%                    | 8,288            | 5.16%                    | 54,720           | 2.64%                    |
| DECEMBER                 | 7,618            | 1.32%                    | 4,147            | 2.70%                    | 12,503           | 0.72%                    | 22,352           | -0.49%                   | 8,397            | 1.32%                    | 55,017           | 0.54%                    |
| JANUARY                  | 7,753            | 1.77%                    | 4,055            | -2.22%                   | 12,337           | -1.33%                   | 22,323           | -0.13%                   | 8,953            | 6.62%                    | 55,421           | 0.73%                    |
| FEBRUARY                 | 7,682            | -0.92%                   | 4,019            | -0.89%                   | 12,528           | 1.55%                    | 22,099           | -1.00%                   | 8,944            | -0.10%                   | 55,272           | -0.27%                   |
| MARCH                    | 7,798            | 1.51%                    | 4,046            | 0.67%                    | 12,871           | 2.74%                    | 21,771           | -1.48%                   | 8,911            | -0.37%                   | 55,397           | 0.23%                    |
| APRIL                    | 7,894            | 1.23%                    | 4,081            | 0.87%                    | 13,230           | 2.79%                    | 21,909           | 0.63%                    | 9,166            | 2.86%                    | 56,280           | 1.59%                    |
| MAY                      | 7,927            | 0.42%                    | 4,039            | -1.03%                   | 13,600           | 2.80%                    | 21,754           | -0.71%                   | 9,228            | 0.68%                    | 56,548           | 0.48%                    |
| JUNE                     | 8,005            | 0.98%                    | 4,080            | 1.02%                    | 13,833           | 1.71%                    | 21,985           | 1.06%                    | 9,374            | 1.58%                    | 57,277           | 1.29%                    |
| Total % Change, FY97-98: |                  | 10.61%                   |                  | 7.23%                    |                  | 19.98%                   |                  | 5.29%                    |                  | 29.89%                   |                  | 13.04%                   |
| <b>FY98-99</b>           |                  |                          |                  |                          |                  |                          |                  |                          |                  |                          |                  |                          |
| JULY                     | 8,008            | 0.04%                    | 4,073            | -0.17%                   | 15,020           | 8.58%                    | 23,813           | 8.31%                    | 9,988            | 6.55%                    | 60,902           | 6.33%                    |
| AUGUST                   | 7,909            | -1.24%                   | 4,115            | 1.03%                    | 15,052           | 0.21%                    | 23,950           | 0.58%                    | 9,959            | -0.29%                   | 60,985           | 0.14%                    |
| SEPTEMBER                | 8,227            | 4.02%                    | 4,207            | 2.24%                    | 17,452           | 15.94%                   | 25,769           | 7.59%                    | 9,923            | -0.36%                   | 65,578           | 7.53%                    |
| OCTOBER                  | 8,463            | 2.87%                    | 4,296            | 2.12%                    | 17,730           | 1.59%                    | 25,833           | 0.25%                    | 9,983            | 0.60%                    | 66,305           | 1.11%                    |
| NOVEMBER                 | 8,705            | 2.86%                    | 4,571            | 6.40%                    | 17,973           | 1.37%                    | 25,780           | -0.21%                   | 9,860            | -1.23%                   | 66,889           | 0.88%                    |
| DECEMBER                 | 9,007            | 3.47%                    | 4,737            | 3.63%                    | 18,611           | 3.55%                    | 26,344           | 2.19%                    | 9,677            | -1.86%                   | 68,376           | 2.22%                    |
| JANUARY                  | 9,499            | 5.46%                    | 5,003            | 5.62%                    | 18,807           | 1.05%                    | 27,045           | 2.66%                    | 9,923            | 2.54%                    | 70,277           | 2.78%                    |
| FEBRUARY                 | 9,786            | 3.02%                    | 5,174            | 3.42%                    | 19,284           | 2.54%                    | 27,363           | 1.18%                    | 9,862            | -0.61%                   | 71,469           | 1.70%                    |
| MARCH                    | 10,168           | 3.90%                    | 5,352            | 3.44%                    | 19,582           | 1.55%                    | 27,920           | 2.04%                    | 10,136           | 2.78%                    | 73,158           | 2.36%                    |
| APRIL                    | 0                |                          | 0                |                          | 0                |                          | 0                |                          | 0                |                          | 0                |                          |
| MAY                      | 0                |                          | 0                |                          | 0                |                          | 0                |                          | 0                |                          | 0                |                          |
| JUNE                     | 0                |                          | 0                |                          | 0                |                          | 0                |                          | 0                |                          | 0                |                          |

## **ATTACHMENT D**



If you're a  
working family  
but don't have  
health insurance  
for your kids,  
now you can  
cover them  
free or at low cost.



## CHIP is Pennsylvania's program to provide quality health insurance for children of working families who otherwise could not afford it. It is not a welfare program.

Your children qualify for CHIP coverage when your family income is within certain limits. This income can be from jobs that do not provide insurance, from self-employment, from alimony or child support, from survivor benefits, or other sources.

CHIP is administered by the Pennsylvania Insurance Department, but the coverage is for quality medical services through regular health insurance companies.

### Most children who qualify for CHIP get free coverage.

For others, CHIP coverage is at monthly rates much lower than insurance usually costs. Whether your child is eligible for free or low-cost coverage depends on family income, size of family, and age of the child. Families who qualify for low-cost rather than free CHIP pay monthly premiums ranging from \$20 to \$40 per child, depending on where they live in Pennsylvania. These rates are 50% to 75% lower than the usual cost of similar insurance coverage.

| Number<br>in family,<br>including parents | FREE CHIP   | LOW-COST CHIP   |
|---|---|---|
|   | You qualify for free<br>CHIP if your annual<br>family income is no<br>higher than | You qualify for<br>low-cost CHIP if<br>your annual family<br>income is from |
| 2   | \$21,700  | \$21,701 to \$25,498  |
| 3   | \$27,300  | \$27,301 to \$32,078  |
| 4   | \$32,900  | \$32,901 to \$38,658  |
| 5   | \$38,500  | \$38,501 to \$45,238  |
| 6   | \$44,100  | \$44,101 to \$51,818  |
| 7   | \$49,700  | \$49,701 to \$58,398  |
| 8   | \$55,300  | \$55,301 to \$64,978  |

*Income figures effective through February 28, 1999.*



### Your kids can be healthier and you can have peace of mind when you cover them through CHIP.

With CHIP, your child will be guaranteed access to quality health care, including:

- Regular check-ups and immunizations by a doctor who will know your child
- Prescription drugs
- Emergency care
- Certain dental, vision, hearing, and mental health services
- Diagnostic testing
- Up to 90 days hospitalization in any year

Children are covered by CHIP regardless of any pre-existing medical condition. Kids can be covered from birth until their 19th birthday. They must be U.S. citizens or lawful aliens and have resided in Pennsylvania for at least 30 days (except for newborns).

**You can get help covering  
your kids by  
calling 1-800-986-KIDS.**

Figuring out insurance questions these days can be complicated. The Pennsylvania Insurance Department wants to help parents who want CHIP coverage for their children.

Knowledgeable, courteous counselors are available at 1-800-986-KIDS. A counselor will help you sort through the information and get your kids enrolled in this quality insurance program. If you think your children may qualify, please call the toll-free number for help.



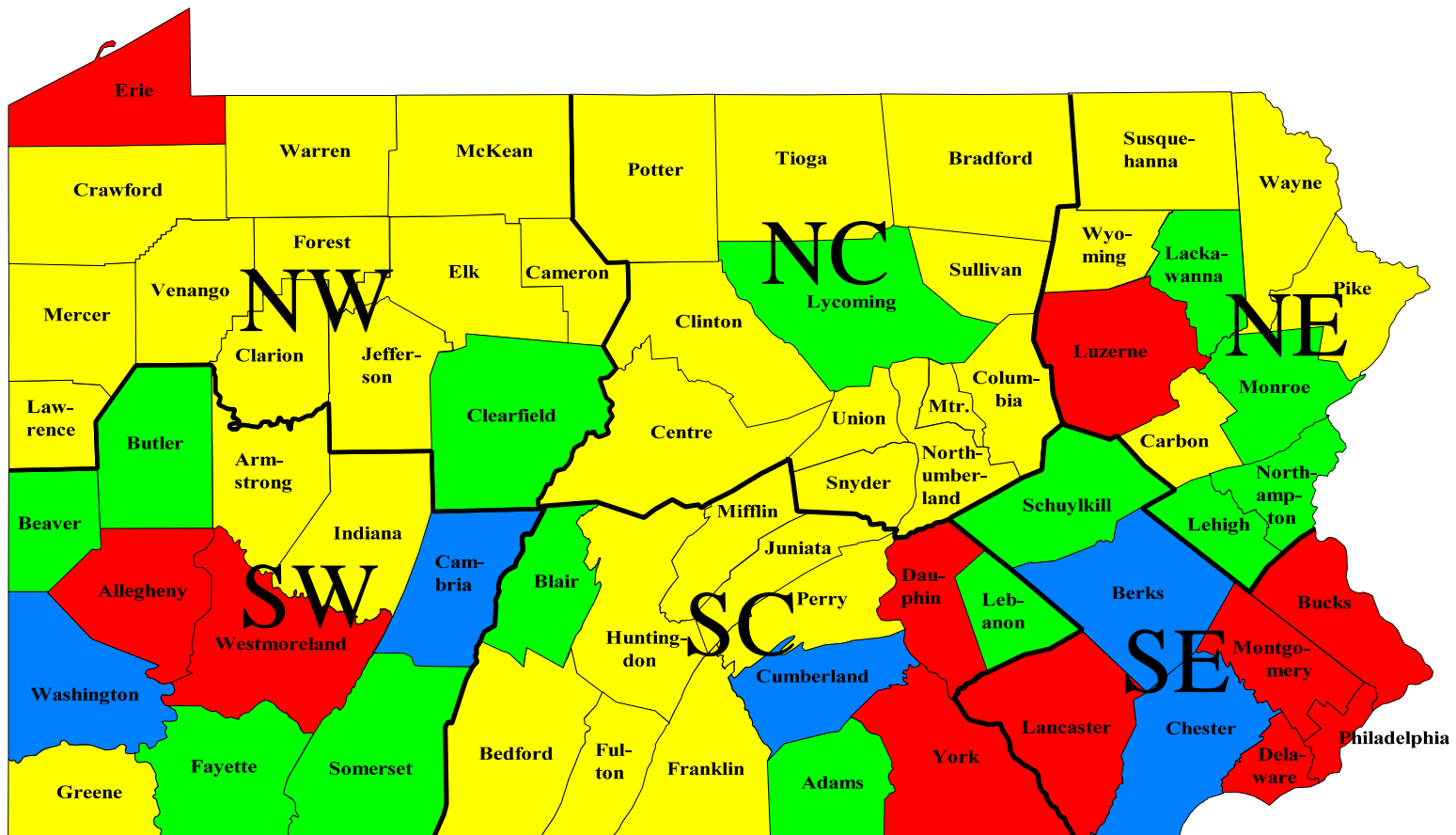
**Tom Ridge, Governor**  
**Diane Koken, Insurance Commissioner**

**1-800-986-KIDS**

## **ATTACHMENT E**

# Childrens Health Insurance Program

Calls by County, October 20, 1998 - November 19, 1998



Average Number of Calls by County: 243.1

0.50 Average or Less

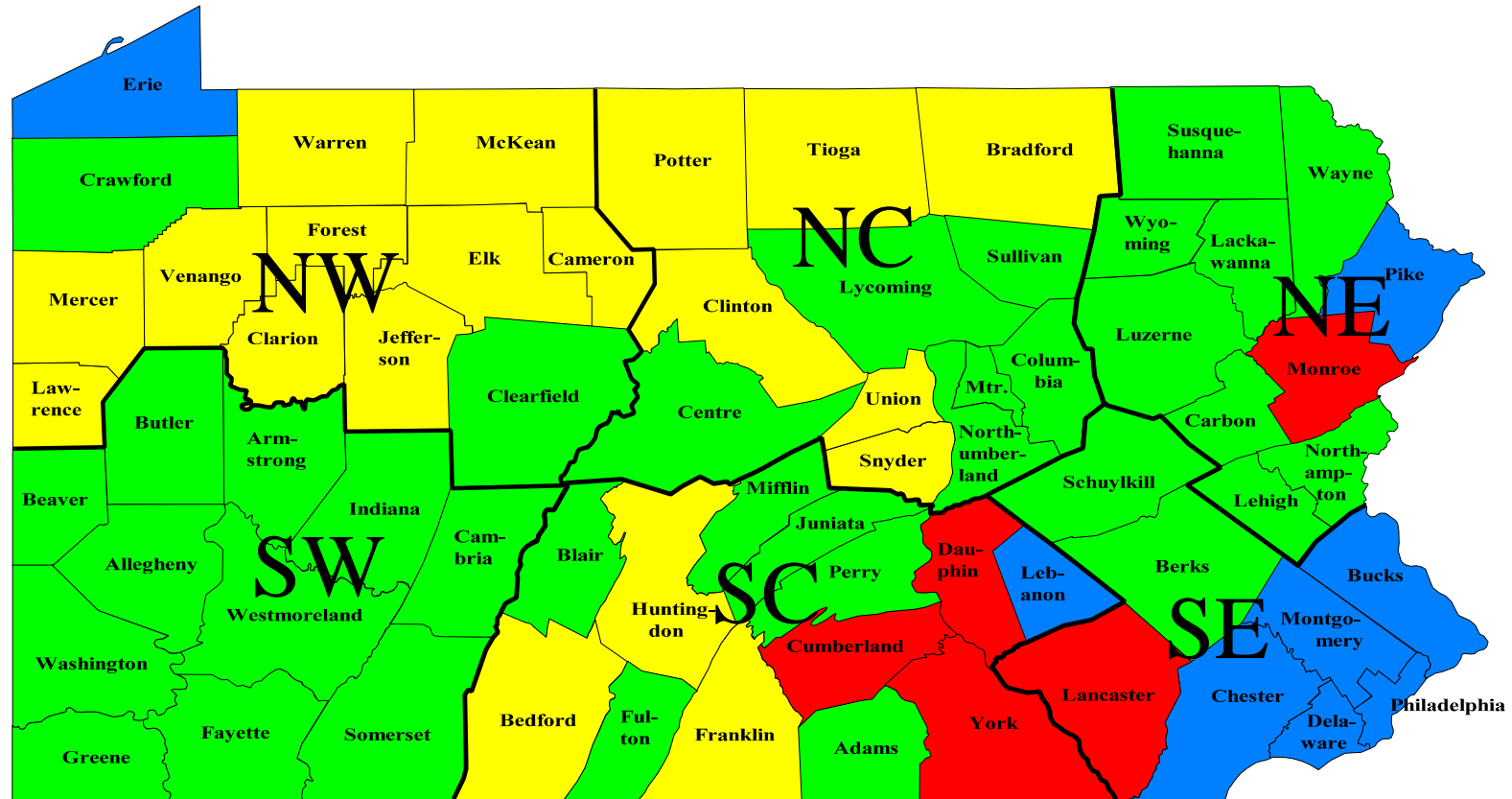
0.51-1.00 Average

1.01-1.50 Average

1.51 Average or More

# Childrens Health Insurance Program

Rate of Calls by County, October 20, 1998 - November 19, 1998



Average Rate of Calls: 5.11 per 100 4-Person Families with Income Below \$40,000

0.50 Average or Less
  0.51-1.00 Average
  1.01-1.50 Average
  1.51 Average or More

Childrens Health Insurance Program  
Calls from October 20, 1998 through November 19, 1998

| <b>County</b> | <b>Number of<br/>Calls</b> | <b>Number of 4-Person<br/>Families with<br/>Income Below<br/>\$40,000</b> | <b>Rate of Calls per 100<br/>4-Person Families<br/>with Income Below<br/>\$40,000</b> |
|---------------|----------------------------|---|---|
| Adams         | 126                        | 2,632   | 4.79  |
| Allegheny     | 1584                       | 32,482  | 4.88  |
| Armstrong     | 84                         | 3,082   | 2.73  |
| Beaver        | 198                        | 6,585   | 3.01  |
| Bedford       | 27                         | 2,143   | 1.26  |
| Berks         | 342                        | 7,775   | 4.40  |
| Blair         | 198                        | 4,602   | 4.30  |
| Bradford      | 38                         | 2,296   | 1.66  |
| Bucks         | 474                        | 8,991   | 5.27  |
| Butler        | 192                        | 4,970   | 3.86  |
| Cambria       | 248                        | 5,827   | 4.26  |
| Cameron       | 1                          | 227   | 0.44  |
| Carbon        | 98                         | 2,000   | 4.90  |
| Centre        | 78                         | 2,825   | 2.76  |
| Chester       | 345                        | 5,419   | 6.37  |
| Clarion       | 37                         | 1,607   | 2.30  |
| Clearfield    | 151                        | 3,411   | 4.43  |
| Clinton       | 28                         | 1,350   | 2.07  |
| Columbia      | 63                         | 2,102   | 3.00  |
| Crawford      | 83                         | 3,137   | 2.65  |
| Cumberland    | 332                        | 4,024   | 8.25  |
| Dauphin       | 669                        | 5,386   | 12.42   |

|            |     |        |      |
|------------|-----|--------|------|
| Delaware   | 640 | 9,605  | 6.66 |
| Elk        | 25  | 1,217  | 2.05 |
| Erie       | 464 | 8,294  | 5.59 |
| Fayette    | 188 | 6,221  | 3.02 |
| Forest     | 2   | 177    | 1.13 |
| Franklin   | 69  | 4,048  | 1.70 |
| Fulton     | 28  | 595    | 4.71 |
| Greene     | 64  | 1,553  | 4.12 |
| Huntingdon | 34  | 1,762  | 1.93 |
| Indiana    | 132 | 3,358  | 3.93 |
| Jefferson  | 34  | 2,091  | 1.63 |
| Juniata    | 22  | 771    | 2.85 |
| Lackawanna | 268 | 6,248  | 4.29 |
| Lancaster  | 883 | 10,388 | 8.50 |
| Lawrence   | 71  | 3,389  | 2.10 |
| Lebanon    | 189 | 3,252  | 5.81 |
| Lehigh     | 214 | 6,176  | 3.47 |
| Luzerne    | 450 | 9,876  | 4.56 |
| Lycoming   | 203 | 4,108  | 4.94 |

|  |        |         |       |
|--|--------|---------|-------|
| McKean   | 33     | 1,677   | 1.97  |
| Mercer   | 47     | 4,113   | 1.14  |
| Mifflin  | 62     | 1,728   | 3.59  |
| Monroe   | 241    | 2,619   | 9.20  |
| Montgomery   | 674    | 9,257   | 7.28  |
| Montour  | 16     | 462     | 3.46  |
| Northampton  | 164    | 5,878   | 2.79  |
| Northumberland   | 106    | 3,503   | 3.03  |
| Perry  | 48     | 1,477   | 3.25  |
| Philadelphia   | 3,092  | 40,403  | 7.65  |
| Pike   | 53     | 831     | 6.38  |
| Potter   | 6      | 680     | 0.88  |
| Schuylkill   | 209    | 5,189   | 4.03  |
| Snyder   | 21     | 1,393   | 1.51  |
| Somerset   | 123    | 3,303   | 3.72  |
| Sullivan   | 9      | 179     | 5.03  |
| Susquehanna  | 64     | 1,413   | 4.53  |
| Tioga  | 8      | 1,577   | 0.51  |
| Union  | 26     | 1,058   | 2.46  |
| Venango  | 55     | 2,445   | 2.25  |
| Warren   | 38     | 1,550   | 2.45  |
| Washington   | 277    | 6,549   | 4.23  |
| Wayne  | 65     | 1,471   | 4.42  |
| Westmoreland   | 435    | 12,225  | 3.56  |
| Wyoming  | 42     | 1,037   | 4.05  |
| York   | 907    | 8,680   | 10.45 |
| Statewide Totals   | 16,197 | 316,699 | 5.11  |
| NOTE: 91 calls (0.56% of the total number of calls) could not be identified by County of origin. |        |         |       |

## **ATTACHMENT F**



## CHIP TRANSMITTAL #1999-1

**DATE:** February 17, 1999

**SUBJECT:** “Any Form is a Good Form” Health Care Benefits Application Process

**TO:** CHIP Contractors

**FROM:** Patricia H. Stromberg  
Executive Director

### **PURPOSE**

To provide instructions that allow the current Children’s Health Insurance Program (CHIP) contractor application forms and the Department of Public Welfare (DPW) Medicaid application forms to be used for families to apply for children’s healthcare benefits for both CHIP and Medicaid.

### **BACKGROUND**

Currently, applicants for children’s healthcare benefits must complete either a CHIP application or a Medicaid application (PA 600 or 600C) or both, depending on the ages of their children. In order to simplify the application process for families applying for their children’s healthcare coverage, the Pennsylvania Insurance Department and the DPW have agreed to develop a common application form that will allow families to apply for healthcare benefits for children under either CHIP or Medicaid.

Until the common application form is available, the Pennsylvania Insurance Department and DPW will adopt a practice permitting the acceptance of either a CHIP application or a Medicaid application when a family is applying for healthcare coverage. This practice, “Any Form is a Good Form”, means that information submitted on a CHIP application will be used to apply for Medicaid and information provided on a Medicaid application will be used to apply for CHIP.

## **DISCUSSION**

Effective February 22, 1999, the “Any Form is a Good Form” practice will officially start. CHIP contractors will authorize CHIP benefits for eligible children using Medicaid applications when Medicaid is denied because the family’s income exceeds the Medicaid income limits. County Assistance Offices will authorize Medicaid for eligible children using CHIP applications when CHIP benefits are denied because the family income is below the CHIP income limits, assuming all other eligibility requirements are met.

The date of application for Medicaid is the date the CHIP or Medicaid application is initially received by either the CHIP contractor or the CAO. This date of application is the start date for the 30-day Medicaid application processing time. All potential enrollments should be processed by the initial agency (CHIP contractor or CAO) within 15 calendar days of the date of application receipt. This will allow sufficient time for the application to be forwarded to the other agency for a timely eligibility determination (within 30 days).

Regardless of which application is submitted (PA 600, PA 600C or CHIP Provider Application), the following items must be obtained either through the parent or caretaker’s statement or through verification.

The parent or caretaker’s statement is acceptable for the following items:

- Identity of child or children and parent/caretaker
- Social Security Number (SSN)\* (see Verification below)
- Citizenship
- Age and/or Date of Birth
- Family composition (listing of household members)
- Third party insurance (if family indicates insurance on the CHIP application contact [phone or mail a letter] the family and obtain the information)

### **Verification:**

#### **Agencies must verify the following items prior to authorization:**

##### **For CHIP (Contractors):**

- Income

##### **For Medicaid (CAO):**

- Income
- Non-citizenship status (if an applicant declares on the submitted form that they are not U.S. citizens).

\*SSN within 60 days of eligibility determination the SSN of the applicant (child) must be verified. Client Information System (CIS) verification process will be used and the only time the actual SSN card will be required is when a CIS alert message is received stating data match was not found.

**The following steps will be used to exchange application information:**

**CHIP Contractor to County Assistance Office (CAO)**

• **CHIP Contractor:**

- Receives CHIP application and documentation.
- Determines child(ren) ineligible for CHIP because the family's income is below CHIP income limits.

**Note:** In households with more than one child. During the eligibility process, it is possible that one child is determined CHIP eligible and another child is not CHIP eligible. After the eligibility determination is completed for the CHIP eligible child, forward the application and documentation to the CAO for the Medicaid eligibility determination for the other child.

- Sends letter to applicant family informing them of CHIP ineligibility and explaining that the application has been forwarded to the CAO for evaluation of Medicaid eligibility (Attachment 1).
- Forwards the original CHIP application and all documentation (contractor maintains either an electronic or paper record of the application) to the local CAO, as determined by county of residence. The CHIP applications will be sent to the CAOs on Tuesday and Thursday of each week. The contractor mails the information to:

(County of Residence) CAO

Attn: MA Outreach Coordinator [List at Attachment 2]

(Appropriate Address) [List at Attachment 3]

For Philadelphia CAO

Attn: Catherine Smith

MA Outreach Coordinator

Room #608

State Office Building

1400 Spring Garden Street

Philadelphia, PA 19130

For Allegheny CAO

Attn: Mary Davis

Director, Division of Delivery Services & Operation Support Services

Allegheny CAO

Room 602

300 Liberty Avenue

Pittsburgh, PA 15222

**CAO:**

**Reminder:** The date of Medicaid eligibility is the date the application is received by the CHIP contractor. The 30 days for Medicaid application processing begins the date the application was received by the CHIP contractor.

- Receives CHIP application and documentation.

The CAO's Outreach Coordinator will monitor the transfer of all applications between the CAO and the CHIP contractor(s).

**Note:** If the CHIP application does not include the income and non-citizen documentation, the caseworker will telephone the family (household) and state that the information must be provided by the 30th calendar day from the date of the CHIP application or the application will be rejected. If unable to contact the family by telephone within two working days, the caseworker will mail a request for the documentation.

- Processes the CHIP application through Application Processing (AP) and Case Initiation (CI) as a "provider application".

**Note:** All CHIP contractors will be assigned provider numbers. The provider numbers are listed below:

| <u>CHIP Contractor</u>                                   | <u>Provider Number</u> |
|--|------------------------|
| Caring Foundation of Central PA                          | C1717701               |
| Caring Foundation of Northeastern PA                     | C1871101               |
| Independence Blue Cross/PA Blue Shield Caring Foundation | I1910301               |
| Western PA Caring Foundation for Children                | W1522201               |
| Aetna U.S. Healthcare                                    | A1942201               |

- Determines Medicaid eligibility.

**Note:** **If the applicants are ineligible for Medicaid**, based on the application information, the caseworker will telephone the applicant to verify information on all household members, unpaid medical bills, paid medical bills, child/disabled adult care expenses, pregnancy, etc. If unable to contact the family by phone, the caseworker will mail a request for the information stating that the information must be received within 10 days. The caseworker cannot determine a family ineligible unless the family fails to provide the information within 10 days. Any information obtained from the family must be used as part of the eligibility determination.

- Sends appropriate eligibility notice to applicant family.
- Sends a letter (Attachment 4) to family informing them that their CHIP application was processed for Medicaid. The caseworker completes and encloses the rights and responsibilities form (Attachment 5) with the letter. The caseworker must ensure that the Case Record, Case Name and Address, Caseworker Signature and Date blocks are filled out.

**Reminder:** Medicaid applications do not require face-to-face interviews and the caseworker should make every effort to accomplish this process by mail or telephone.

- Annotates in the case record narrative that the letter and rights and responsibilities form were sent to the family (household).
- Maintains a copy of the letter and rights and responsibilities form in case record attached to the CHIP application.
- Contacts CHIP contractor (Attachment 6-this was sent out by e-mail to MA outreach coordinators only) within two working days to resolve cases determined Medicaid ineligible based on excess income. If necessary, the CAO will return all documentation to the CHIP contractor.

### **County Assistance Office (CAO) to CHIP Contractor**

- **CAO:**

- Receives PA 600/PA 600C and obtains appropriate documentation.
- Determines ineligibility for Medicaid based on income exceeding Medicaid income limits.

**Note:** In households with more than one child. During the eligibility process, it is possible that one child is determined Medicaid eligible and another child is not Medicaid eligible. After the eligibility determination is completed for the Medicaid eligible child, forward a copy of the application and documentation to the CHIP contractor for the CHIP eligibility determination for the other child.

- Sends notice of ineligibility to applicant.
- Notifies the applicant that the Medicaid application was forwarded to a CHIP contractor for an eligibility determination (Attachment 7).

**Note:** If the children have health insurance, the application will not be forwarded to the CHIP contractor.

The CAO's Outreach Coordinators will monitor the transfer of all applications between the CAO and the CHIP contractor(s).

- Forwards a copy of PA 600/PA 600C application and all supporting documentation to CHIP contractor, using a copy of the client letter (Attachment 7). The Medicaid applications will be mailed to the CHIP contractor(s) (Attachment 8) on Tuesday and Thursday of each week.

**Note:** If a CAO has more than one CHIP contractor, the application packet is sent to the CHIP contractor based on the last digit of the case record number.

Digits 1 to 5: AETNA U.S. Healthcare

Digits 6 to 0: Caring Foundation or BC/BS (Southeast)

Example – Record in Cumberland County 21/009767 is forwarded to the Caring Foundation of Central Pennsylvania based on the last digit of “7”.

- **CHIP Contractor:**

- Receives copy of Medicaid application, documentation and client letter.
- Determines CHIP eligibility/ineligibility.
- Sends letter of eligibility/ineligibility to applicant.
- Contacts submitting CAO within two working days to resolve case determined CHIP ineligible based on income below the CHIP limit.

### **Monitoring and Reporting**

For DPW Headquarters:

- Completes these requirements through CIS programs and reports.

For CHIP Contractor:

- Will receive instructions under a separate cover letter.

### **NEXT STEPS**

1. Review the information in this Transmittal.
2. Implement this Transmittal effective February 22, 1999.
3. Contact Operations Manager, Lowware Holliman if you have any questions.

Attachments 8

**Attachment 1**

(CHIP Contractor Logo)

(Date)

(Parent/Guardian of

Applicant Name)

(Address)

Dear (Name)

We have received your application for healthcare benefits for (Child's or Children's Name(s)) \_\_\_\_\_.

The application has been reviewed and we found your child ineligible for the (CHIP Contractor Name) CHIP Program for the following reason:

Based on your family size and income, your child (or children) appears to be eligible for Medicaid.

Your application for benefits will be sent to the local County Assistance Office for a determination of eligibility for the Medicaid Program. If you are found eligible, you will be notified. If you do not hear from the Local County Assistance Office within 30 days, please feel free to contact the Healthy Beginnings Helpline at 800-842-2020 or your Local County Assistance Office.

Sincerely,

CHIP Account Associate

**Attachment 2**  
**MA Outreach Contacts**

| COUNTY     | NAME  | FAX          | TELEPHONE                                    |
|------------|---|--------------|--|
| Adams      | Colleen Hartman                                   | 717-334-4104 | 717-334-6241                                 |
| Allegheny  | Mary Davis  | 412-565-3660 | 412-565-2184                                 |
| Armstrong  | Cynthia Rearick                                   | 724-548-0274 | 724-548-0231                                 |
| Beaver     | Veronica Seery                                    | 724-773-7859 | 724-773-7852                                 |
| Bedford    | Terry Moxley                                      | 814-623-7310 | 814-624-4008                                 |
| Berks      | Dianne Black<br>Joyce Miller<br>Karen Raszkiewicz | 610-736-4004 | 610-736-4257<br>610-736-4088<br>610-736-4258 |
| Blair      | Betsy Brooks                                      | 814-941-6813 | 814-946-6985                                 |
| Bradford   | Harry Durham                                      | 570-265-3061 | 570-265-9186                                 |
| Bucks      | Jeannette Tolia                                   | 215-781-3438 | 215-781-3313                                 |
| Butler     | Larry Rumbaugh                                    | 724-284-8833 | 724-284-8829                                 |
| Cambria    | Marge Davis                                       | 814-533-2214 | 814-533-2281                                 |
| Cameron    | Judith Ball                                       | 814-486-1379 | 814-486-3757                                 |
| Carbon     | Robert Stoffa                                     | 570-325-9543 | 570-325-9545<br>570-325-9564                 |
| Centre     | Mary Stevens                                      | 814-863-6585 | 814-861-1974                                 |
| Chester    | Maura Creedon Dolan                               | 610-466-1130 | 814-226-1793                                 |
| Clarion    | Judy Gardner                                      | 814-226-1794 | 814-226-1793                                 |
| Clearfield | Robert Dornan                                     | 814-765-0802 | 814-765-7591                                 |
| Clinton    | Jeanine Stevenson                                 | 570-893-2973 | 570-748-2971                                 |
| Columbia   | David Berezovske                                  | 570-387-4708 | 570-387-4215                                 |
| Crawford   | Robert Say  | 814-333-3527 | 814-333-3407                                 |
| Cumberland | Melanie Cohick                                    | 717-249-0919 | 717-240-2700                                 |
| Dauphin    | Jill Fagan  | 717-772-4703 | 717-787-1728                                 |
| Delaware   | Carrie Ross<br>Tim Woestman                       | 610-447-5399 | 610-447-3236<br>610-447-5585                 |

| COUNTY                   | NAME                | FAX          | TELEPHONE    |
|--------------------------|---------------------|--------------|--------------|
| Elk                      | Leona Garris        | 814-772-7007 | 814-776-1101 |
| Erie                     | Kathleen Fries      | 814-461-2295 | 814-461-2107 |
|                          | Karen Howard        | 814-461-2282 | 814-461-2217 |
| Fayette                  | JoEllen Rawlings    | 724-439-7002 | 724-439-7203 |
|                          | Linda Masneri       |              | 724-439-7020 |
| Forest                   | Hope Couch          | 814-755-3420 | 814-755-3552 |
| Franklin                 | Michele Stepler     | 717-264-4801 | 717-264-6121 |
| Fulton                   | Kay Beach           | 814-485-3713 | 717-485-3151 |
| Greene                   | Mary Harding        | 724-627-8096 | 724-627-8171 |
| Huntingdon               | Donald Shultz       | 814-643-5441 | 814-643-1170 |
| Indiana                  | Mary Ann Baran      | 412-357-2951 | 412-357-2915 |
| Jefferson                | James McCurdy       | 814-938-3842 | 814-938-2990 |
|                          |                     |              | 800-242-8214 |
| Juniata                  | Fred Landau         | 717-436-5402 | 717-436-2158 |
| Lackawanna               | Charles DeSimone    | 570-963-4843 | 570-963-4453 |
| Lancaster                | Millicent Christie  | 717-299-7565 | 717-299-7502 |
|                          | Tammy Collier       |              | 717-299-7620 |
| Lawrence                 | Angelo Ginocchi     | 412-656-3222 | 412-656-3263 |
| Lebanon                  | Olga Stoner         | 717-228-2589 | 717-270-3671 |
| Lehigh                   | Beth Andrade        | 610-821-6705 | 610-821-6522 |
| Luzerne                  | James Blinn         | 570-826-2178 | 570-826-2288 |
| Lycoming                 | Sharon Alberts      | 570-321-6501 | 570-327-3304 |
| McKean                   | Eugene Staiger      | 814-362-4959 | 814-362-5376 |
| Mercer                   | Mark Wasser         | 724-983-5706 | 724-983-5110 |
| Mifflin                  | Gayle Yingling      | 717-242-6099 | 717-242-6071 |
| Monroe                   | Christine M. Papson | 570-424-3915 | 570-424-3913 |
| Montgomery<br>Norristown | Susan Senycz        | 610-270-1678 | 610-270-3509 |
|                          | Denise Terrell      |              | 610-270-3542 |
| Montgomery<br>Pottstown  | Margaret Bauer      | 610-327-4350 | 610-327-5615 |
| Montour                  | Gene Dela Croce     | 570-275-7433 | 570-275-7031 |
| Northampton              | Carrie Kelley       | 610-250-1839 | 610-250-1719 |
| Northumberland           | Diane Lepley        | 570-988-5918 | 570-988-5950 |
| Perry                    | Betty Phillips      | 717-582-4187 | 717-582-2127 |
| Philadelphia             | Catherine Smith     | 215-560-2114 | 215-560-2371 |

| COUNTY              | NAME                         | FAX          | TELEPHONE                    |
|---------------------|------------------------------|--------------|------------------------------|
| Pike                | Susanne Robbins              | 570-296-4183 | 570-296-6114                 |
| Potter              | Cheryl Rimel                 | 814-274-8958 | 800-446-9896<br>814-274-9700 |
| Schuylkill          | Robert Piccioni              | 570-621-3014 | 570-621-3024                 |
| Snyder              | James Wirth                  | 570-374-6347 | 570-374-8126                 |
| Somerset            | Don Miller                   | 814-445-4352 | 814-445-1109                 |
| Sullivan            | Frank Richart                | 570-928-8013 | 570-928-8596                 |
| Susquehanna         | Michael Halesky              | 570-278-9508 | 570-278-3891                 |
| Tioga               | Bonnie Andrews               | 570-724-4927 | 570-724-4051                 |
| Union               | Gerald Gemberling            | 717-524-2361 | 717-524-2201                 |
| Venango             | Robert Sandieson             | 814-437-4441 | 814-437-4279                 |
| Warren              | Lynn Bowser Snyder           | 814-726-1565 | 814-726-8831                 |
| Washington - Valley | Polly Toriski                | 724-483-6894 | 724-483-6844                 |
| Washington - Wash   | Richard Ward                 | 412-223-4675 | 412-223-4321                 |
| Wayne               | Albert Lipperini             | 570-253-7374 | 570-253-7100                 |
| Westmoreland        | William Fish                 | 724-832-5202 | 724-832-5269                 |
| Wyoming             | Bernard J. Walsh             | 570-836-8761 | 570-836-5171                 |
| York                | Joan Fulton<br>Jackie Kohler | 717-771-1261 | 717-771-1194<br>717-771-1199 |

**Attachment 4**

(Local CAO letterhead)

(Date)

(Applicant's Name)

(Applicant's Address)

Dear \_\_\_\_\_:

Your CHIP application was forwarded to our agency because your annual income meets the income eligibility limits for Medicaid. The following members of your family (household) were determined eligible for Medicaid: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You should have received, or shortly will receive, the ACCESS card for each person. Additionally, an HMO representative may contact you in order for you to select a plan that is best for your family.

If anyone in your household is pregnant or if anyone has employer based health insurance available, please contact me at the telephone number listed below. You may be eligible for additional Medicaid benefits.

If you have any questions please contact me at (Local CAO/Caseworker Telephone Number).

Sincerely,

(Caseworker's Signature)

(Caseworker's Name)

Enclosure – Medicaid Rights & Responsibilities

**Attachment 5**

|                       |       |
|-----------------------|-------|
| Case Record: /        | Name: |
| Address:              |       |
| Caseworker Signature: | Date: |

**Medicaid Rights and Responsibilities**

I agree to the release of personal and financial information from this application form and supporting documents to the agencies that provide children's healthcare benefits so that they can evaluate the information and verify eligibility.

I understand that Department of Public Welfare will maintain confidentiality of this information according to 42 CFR 431.300 – 431.307 and any other applicable Federal and state laws and regulations.

I understand that officials from the Medicaid program may verify all information submitted on my application for children's healthcare benefits.

I understand that I must immediately tell the Medicaid agency about any changes in the information on this form.

I understand that I have the right to ask for a hearing to appeal any Department of Public Welfare decision which affects my benefits or that I feel is unfair or incorrect. I may file the appeal at the County Assistance Office. At the appeal hearing, I may represent myself or someone else, such as a lawyer, friend or relative, may represent me.

I understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth is committing a crime. These crimes can be punished under Federal law, state law, or both. I understand that I may also be liable for repaying, in cash, the value of the benefits received and may be subject to civil penalties.

As a condition of eligibility, all recipients of Medicaid are required to provide their Social Security Number. This is required by Section 1137(a)(1) of the Social Security Act and 42 CFR 435.910. The Social Security Number may be used to verify the individual's income, eligibility, and amount of payments for medical care. Additionally, the information may be matched with the records in other agencies, such as the Social Security Administration and the Internal Revenue Service. The following Social Security Numbers are needed for our records, please provide this information within the next 60 days:

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**Attachment 7**  
(Local CAO Letterhead)

(Date)

(Applicant's Name)  
(Applicant's Address)

Dear \_\_\_\_\_:

Your Medicaid application was reviewed and your child(ren) \_\_\_\_\_  
\_\_\_\_\_ was (were) found ineligible for Medicaid. You should already have received a notice telling you this. The gross household income used was \$\_\_\_\_\_.

Your application will be sent to a CHIP contractor to determine CHIP eligibility for your children.

If you have any questions please contact (Local CAO/Caseworker Telephone Number).

Sincerely,

(Caseworker's Signature)  
(Caseworker's Name)

cc: (CHIP Contractor Name  
and Address)

## Attachment 8

### CHIP 1998-99 PARTICIPATING CONTRACTOR SERVICE AREAS BY COUNTY

1. **Caring Foundation of Central Pennsylvania**

2500 Elmerton Ave., Dept. 777014, Harrisburg, PA 17177-7014

Adams, Berks \*, Centre (1), Columbia, Cumberland \*, Dauphin \*, Franklin, Fulton, Juniata, Lancaster \*, Lebanon, Lehigh \*, Mifflin, Montour, Northampton \*, Northumberland, Perry \*, Schuylkill\*, Snyder, Union and York\*.

2. **Caring Foundation of Northeastern Pennsylvania**

70 North Main St., Wilkes-Barre, PA 18711

Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne and Wyoming.

3. **Independence Blue Cross/Blue Shield Caring Foundation for Children**

1901 Market St., Philadelphia, PA 19103-1480

Bucks \*, Chester \*, Delaware \*, Montgomery \*, and Philadelphia \*.

4. **Western PA Caring Foundation for Children**

P.O. Box Caring, Pittsburgh, PA 15230-9779

Allegheny \*, Armstrong \*, Beaver \*, Bedford, Blair, Butler \*, Cambria, Cameron, Centre (1), Clarion, Clearfield, Crawford, Elk, Erie, Fayette \*, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence \*, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington \*, and Westmoreland \*.

5. **Aetna U.S. Healthcare**

980 Jolly Road, P.O. Box 1109, Mailstop U36A, Blue Bell, PA 19422

**Southeast:** Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton and Philadelphia.

**Central:** Berks, Cumberland, Dauphin, Lancaster, Perry, Schuylkill, and York.

**Western:** Allegheny, Armstrong, Beaver, Butler, Fayette, Lawrence, Washington, and Westmoreland.

(1) The Caring Foundation of Central PA and Western PA Caring Foundation serve Centre County.

\* Denotes counties served by a least two CHIP contractors.

**Attachment 6**  
**CHIP CONTRACTOR CONTACT PERSONNEL**  
**FOR PROBLEM RESOLUTION FOR**  
**“ANY FORM IS A GOOD FORM”**

***Aetna US Healthcare***

980 Jolly Road  
P.O. Box 1109  
Mailstop U36A  
Blue Bell, PA 19422

Nichole Biddle

Ph: (215) 775-4800 ext. 44564  
Fax: (215) 775-5688  
[harthn@aetna.com](mailto:harthn@aetna.com)

Public Access No: (800) 822-CHIP  
(800) 822-2447

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***Caring Foundation of Central PA***

2500 Elmerton Avenue  
Dept. 777014  
Harrisburg, PA 17177-7014

Kathy Schmitt

Ph: (717) 541-6692  
[kathy.schmitt@capbluecross.com](mailto:kathy.schmitt@capbluecross.com)

Public Access No: (800) KIDS-101  
(800) 543-7101

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***Caring Foundation of Northeastern PA***

70 N. Main Street  
Wilkes-Barre, PA 18711

Amy Evans

Ph: (570) 819-8605  
Marsha Hillard  
Ph: (570) 819-8602  
cc: [cindy.ranieli@bcnepa.com](mailto:cindy.ranieli@bcnepa.com)

Public Access No: (800) KIDS-199  
(800) 543-7199

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***Independence Blue Cross and  
PA Blue Shield Caring Foundation  
for Children***

1901 Market Street  
Philadelphia, PA 19103-1480

Mattie Johnson  
Ph: (215) 241-3391  
Fax: (215) 241-3679

Public Access No: (800) 464-KIDS  
(800) 464-5437

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***Western PA Caring Foundation  
for Children***

P.O. Box Caring  
Pittsburgh, PA 15230-9779

Stacey Bloom  
Ph: (412) 544-1653  
Fax: (412) 544-1657

Public Access No: (800) KIDS-105  
(800) 543-7105

## **ATTACHMENT G**

|  |          |         |         |         |         |                         |          |       |  |
|--|----------|---------|---------|---------|---------|-------------------------|----------|-------|--|
| DEPARTMENT OF HEALTH AND HUMAN SERVICES                              |          |         |         |         |         |                         |          |       |  |
| HEALTH CARE FINANCING ADMINISTRATION                                 |          |         |         |         |         |                         |          |       |  |
| CHILDREN'S HEALTH INSURANCE PROGRAM<br>NUMBER OF CHILDREN SERVED     |          |         |         |         |         | STATE PA                |          |       |  |
|  |          |         |         |         |         | AGENCY INSURANCE        |          |       |  |
|  |          |         |         |         |         | QUARTER ENDED 9/30/1998 |          |       |  |
| The Commonwealth of PA Insurance Department                          | AGE      |         |         |         |         | FEDERAL POVERTY LEVEL   |          |       |  |
|  | CHILDREN |         |         |         |         |                         |          |       |  |
|  | UNDER 1  | 1-5     | 6-12    | 13-18   |         | <100%                   | 100-150% | >150% |  |
| 1. NUMBER OF UNDUPLICATED CHILDREN EVER ENROLLED IN THE QUARTER      |          |         |         |         |         |                         |          |       |  |
| A. FEE-FOR-SERVICE PLANS   |          |         |         |         |         |                         |          |       |  |
| B. MANAGED CARE ARRANGEMENTS   | 119      | 8,689   | 25,492  | 23,181  | 57,481  |                         |          |       |  |
| 2. NUMBER OF UNDUPLICATED NEW ENROLLEES IN THE QUARTER               |          |         |         |         |         |                         |          |       |  |
| A. FEE-FOR-SERVICE PLANS   |          |         |         |         |         |                         |          |       |  |
| B. MANAGED CARE ARRANGEMENTS   | 71       | 3451    | 8324    | 7209    | 19,055  |                         |          |       |  |
| 3. NUMBER OF DISENROLLEES IN THE QUARTER                             |          |         |         |         |         |                         |          |       |  |
| A. FEE-FOR-SERVICE PLANS   |          |         |         |         |         |                         |          |       |  |
| B. MANAGED CARE ARRANGEMENTS   | 7        | 1152    | 3274    | 2782    | 7,215   |                         |          |       |  |
| 4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER              |          |         |         |         |         |                         |          |       |  |
| A. FEE-FOR-SERVICE PLANS   |          |         |         |         |         |                         |          |       |  |
| B. MANAGED CARE ARRANGEMENTS   | 387      | 55,697  | 237,000 | 248,272 | 541,356 |                         |          |       |  |
| 5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE 4 DIVIDED BY LINE 1) |          |         |         |         |         |                         |          |       |  |
| A. FEE-FOR-SERVICE PLANS   |          |         |         |         |         |                         |          |       |  |
| B. MANAGED CARE ARRANGEMENTS   | 3.2521   | 6.41006 | 9.29703 | 10.7102 | 9.418   |                         |          |       |  |

## **ATTACHMENT H**

CHILDREN'S HEALTH EXPENDITURES BY TYPE OF SERVICE  
STATE PA  
FOR THE TITLE XXI PROGRAM  
AGENCY  
EXPENDITURES IN THIS QUARTER  
QUARTER ENDED SEPTEMBER 30 , 1998

SUBJECT TO 10% LIMIT

|  |            |       |            |            |       |            |  |  |
|--|------------|-------|------------|------------|-------|------------|--|--|
|  |            |       |            |            |       | TOTAL      |  |  |
| EFMAP  |            | TOTAL | EFMAP      |            | TOTAL | COMPUTABLE |  |  |
| SHARE  | COMPUTABLE | SHARE | FEDERAL    |            |       |            |  |  |
| NAME OF PROGRAM CHIP                           |            |       | SHARE      |            |       | (A)        |  |  |
| (B)  | (C)        | (D)   | (E)        |            |       |            |  |  |
| 1. PREMIUMS FOR HEALTH CARE INSURANCE COVERAGE |            |       |            |            |       |            |  |  |
| UP TO 150% OF POVERTY LEVEL                    |            |       |            |            |       |            |  |  |
| 10,086,408                                     | 0          | 0     | 10,086,408 | 14,971,661 |       |            |  |  |
| A. GROSS PREMIUMS PAID                         |            |       |            |            |       |            |  |  |
| B. COST SHARING OFFSETS                        |            |       | 0          |            |       |            |  |  |
| OVER 150% OF POVERTY LEVEL                     |            |       |            |            |       |            |  |  |
| C. GROSS PREMIUMS PAID                         |            |       | 0          |            |       |            |  |  |
| D. COST SHARING OFFSETS                        |            |       | 0          |            |       |            |  |  |
| 2. INPATIENT HOSPITAL SERVICES                 |            |       | 0          |            |       |            |  |  |
| 3. INPATIENT MENTAL HEALTH FACILITY SERVICES   |            |       | 0          |            |       |            |  |  |

|  |   |                |
|--|---|----------------|
| 4. NURSING CARE SERVICES                       | 3 | 0 <sup>3</sup> |
| 0 <sup>3</sup> 0 <sup>3</sup> 0 <sup>3</sup> 0 | 3 | 0 <sup>3</sup> |
| -----3-----3-----3-----                        | 3 | 3              |
| 5. PHYSICIAN AND SURGICAL SERVICES             | 3 | 0 <sup>3</sup> |
| 0 <sup>3</sup> 0 <sup>3</sup> 0 <sup>3</sup> 0 | 3 | 0 <sup>3</sup> |
| -----3-----3-----3-----                        | 3 | 3              |
| 6. OUTPATIENT HOSPITAL SERVICES                | 3 | 0 <sup>3</sup> |
| 0 <sup>3</sup> 0 <sup>3</sup> 0 <sup>3</sup> 0 | 3 | 0 <sup>3</sup> |
| -----3-----3-----3-----                        | 3 | 3              |
| 7. OUTPATIENT MENTAL HEALTH FACILITY SERVICES  | 3 | 0 <sup>3</sup> |
| 0 <sup>3</sup> 0 <sup>3</sup> 0 <sup>3</sup> 0 | 3 | 0 <sup>3</sup> |
| -----3-----3-----3-----                        | 3 | 3              |
| 8. PRESCRIBED DRUGS                            | 3 | 0 <sup>3</sup> |
| 0 <sup>3</sup> 0 <sup>3</sup> 0 <sup>3</sup> 0 | 3 | 0 <sup>3</sup> |
| -----3-----3-----3-----                        | 3 | 3              |
| 9. DENTAL SERVICES                             | 3 | 0 <sup>3</sup> |
| 0 <sup>3</sup> 0 <sup>3</sup> 0 <sup>3</sup> 0 | 3 | 0 <sup>3</sup> |
| -----3-----3-----3-----                        | 3 | 3              |
| 10. VISION SERVICES                            | 3 | 0 <sup>3</sup> |
| 0 <sup>3</sup> 0 <sup>3</sup> 0 <sup>3</sup> 0 | 3 | 0 <sup>3</sup> |
| -----3-----3-----3-----                        | 3 | 3              |
| 11. OTHER PRACTITIONER'S SERVICES              | 3 | 0 <sup>3</sup> |
| 0 <sup>3</sup> 0 <sup>3</sup> 0 <sup>3</sup> 0 | 3 | 0 <sup>3</sup> |
| -----3-----3-----3-----                        | 3 | 3              |
| 12. CLINIC SERVICES                            | 3 | 0 <sup>3</sup> |
| 0 <sup>3</sup> 0 <sup>3</sup> 0 <sup>3</sup> 0 | 3 | 0 <sup>3</sup> |
| -----3-----3-----3-----                        | 3 | 3              |
| 13. THERAPY                                    | 3 | 0 <sup>3</sup> |
| 0 <sup>3</sup> 0 <sup>3</sup> 0 <sup>3</sup> 0 | 3 | 0 <sup>3</sup> |
| -----3-----3-----3-----                        | 3 | 3              |
| 14. LABORATORY AND RADIOLOGICAL SERVICES       | 3 | 0 <sup>3</sup> |
| 0 <sup>3</sup> 0 <sup>3</sup> 0 <sup>3</sup> 0 | 3 | 0 <sup>3</sup> |
| -----3-----3-----3-----                        |   |                |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

REPORT DATE: 11/25/1998

CHILDREN'S HEALTH EXPENDITURES BY TYPE OF SERVICE

STATE PA

FOR THE TITLE XXI PROGRAM

AGENCY

EXPENDITURES IN THIS QUARTER

QUARTER ENDED SEPTEMBER 30, 1998

SUBJECT TO 10% LIMIT

| EFMAP  |     |  | EFMAP         |     |  | TOTAL      |  |
|--|-----|--|---------------|-----|--|------------|--|
| TOTAL  |     |  | TOTAL         |     |  | COMPUTABLE |  |
| SHARE COMPUTABLE                             |     |  | SHARE FEDERAL |     |  |            |  |
| NAME OF PROGRAM CHIP                         |     |  | SHARE         |     |  | (A)        |  |
| (B)  | (C) |  | (D)           | (E) |  |            |  |
| 15. DURABLE AND DISPOSABLE MEDICAL EQUIPMENT |     |  |               |     |  | 0          |  |
| 0  | 0   |  | 0             | 0   |  |            |  |
| 16. FAMILY PLANNING                          |     |  |               |     |  | 0          |  |
| 0  | 0   |  | 0             | 0   |  |            |  |
| 17. ABORTIONS NO.                            |     |  | 0             |     |  | 0          |  |
| 0  | 0   |  | 0             | 0   |  |            |  |
| 18. SCREENING SERVICES                       |     |  |               |     |  | 0          |  |
| 0  | 0   |  | 0             | 0   |  |            |  |
| 19. HOME HEALTH                              |     |  |               |     |  | 0          |  |
| 0  | 0   |  | 0             | 0   |  |            |  |
| 20. RESERVED                                 |     |  |               |     |  | 0          |  |
| 0  | 0   |  | 0             | 0   |  |            |  |
| 21. HOME AND COMMUNITY-BASED SERVICES        |     |  |               |     |  | 0          |  |
| 0  | 0   |  | 0             | 0   |  |            |  |
| 22. HOSPICE                                  |     |  |               |     |  | 0          |  |
| 0  | 0   |  | 0             | 0   |  |            |  |

|   |                         |                     |                     |            |   |                         |
|---|-------------------------|---------------------|---------------------|------------|---|-------------------------|
| 23. MEDICAL TRANSPORTATION  | 0 <sup>3</sup>          | 0 <sup>3</sup>      | 0 <sup>3</sup>      | 0          | 3 | 0 <sup>3</sup>          |
| 24. CASE MANAGEMENT   | 0 <sup>3</sup>          | 0 <sup>3</sup>      | 0 <sup>3</sup>      | 0          | 3 | 0 <sup>3</sup>          |
| 25. OTHER SERVICES  | 0 <sup>3</sup>          | 0 <sup>3</sup>      | 0 <sup>3</sup>      | 0          | 3 | 0 <sup>3</sup>          |
| 26. OUTREACH  | 0 <sup>3</sup>          | 0 <sup>3</sup>      | 0 <sup>3</sup>      | 0          | 3 | 0 <sup>3</sup>          |
| 27. ADMINISTRATION  | 0 <sup>3</sup>          | 22,263 <sup>3</sup> | 14,999 <sup>3</sup> | 14,999     | 3 | 0 <sup>3</sup>          |
| 28. BALANCE   | 10,086,408 <sup>3</sup> | 22,263 <sup>3</sup> | 14,999 <sup>3</sup> | 10,101,407 | 3 | 14,971,661 <sup>3</sup> |
| 29. LESS:COLLECTIONS  | 0 <sup>3</sup>          | 0 <sup>3</sup>      | 0 <sup>3</sup>      | 0          | 3 | 0 <sup>3</sup>          |
| 30. TOTAL (COLUMNS (A) + (C) AND (E) ON<br>SUMMARY SHEET, LINE 1.<br>COLUMNS (A) AND (B) AS APPROPRIATE). | 10,086,408 <sup>3</sup> | 22,263 <sup>3</sup> | 14,999 <sup>3</sup> | 10,101,407 | 3 | 14,971,661 <sup>3</sup> |